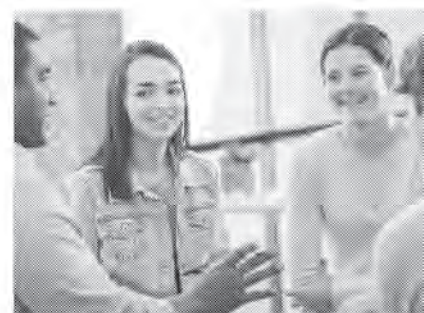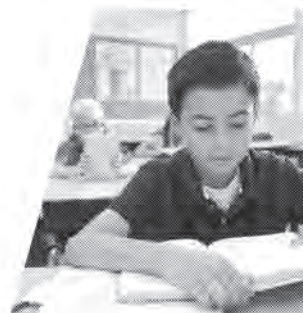# EXHIBIT H

Georgia Apex Program Annual Evaluation Results

July 2021 – June 2022

Presented by the Center of Excellence for Children's Behavioral Health on behalf of the Georgia Department of Behavioral Health and Developmental Disabilities

CENTER OF EXCELLENCE FOR
CHILDREN'S BEHAVIORAL HEALTH
integrating research, policy, and practice

Georgia
Health Policy
Center

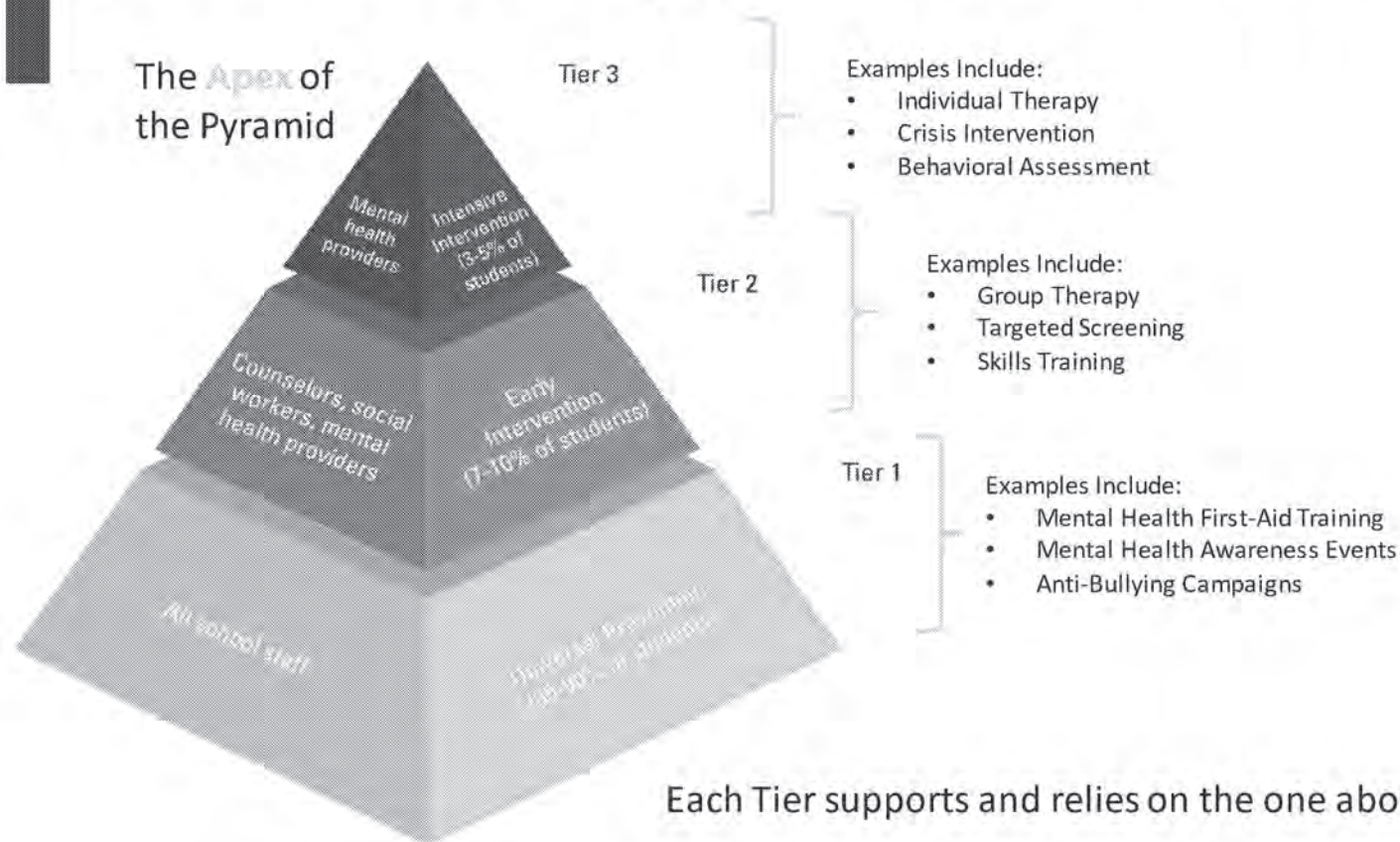GA05558501

Georgia Apex Program Overview

The Georgia Apex Program (Apex) is a school-based mental health (SBMH) program designed to build infrastructure and increase access to mental health services for school-aged youth by placing mental health providers in school settings to deliver therapeutic support.

Three-Tiered Approach to SBMH

The Apex of the Pyramid

Tier 3

Examples Include:
- Individual Therapy
- Crisis Intervention
- Behavioral Assessment

Tier 2

Examples Include:
- Group Therapy
- Targeted Screening
- Skills Training

Tier 1

Examples Include:
- Mental Health First-Aid Training
- Mental Health Awareness Events
- Anti-Bullying Campaigns

Mental health providers — Intensive Intervention (3-5% of students)

Counselors, social workers, mental health providers — Early Intervention (7-10% of students)

All school staff — Universal Prevention (85-90% of students)

Each Tier supports and relies on the one above it.

3

Apex Core Stakeholders

Georgia Department of Behavioral Health and Development Disabilities (DBHDD)	• State agency with oversight of public mental health system for children, youth, and adults; funds Apex programming.
Apex School Partners	• Schools and school districts implementing programming.
Youth and Families	• Direct beneficiaries and active participants of the Georgia Apex Program.
Apex SBMH Providers	• Community-based mental health agencies throughout the state that provide direct care to children and youth.
Center of Excellence for Children's Behavioral Health (COE)	• Conducts program evaluation and provides technical assistance support to the community-based mental health providers.
Georgia Department of Education (GaDOE)	• Provides publicly available data regarding the educational outcomes and well-being of students.

4

Apex Programmatic Goals

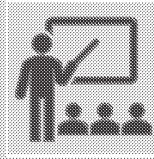Detection: Provide early detection of child and adolescent behavioral health needs

Access: Improve access to mental health services for children and youth

Coordination: Sustain increased coordination between Georgia's community mental health providers and local schools/school districts in their service areas
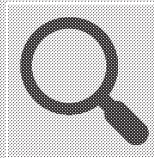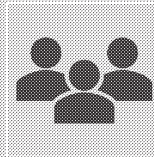

5

Apex Eval Goals

Demonstrate program's ability to meet intended outcomes

Identify facilitators and barriers to sustainability and replication

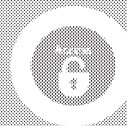**Provide information** to support Apex stakeholders
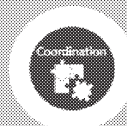
GA05558506

Report Icons Key

Throughout the presentation you will see icons in the corner of each slide. These correspond to the programmatic or evaluation goal outcomes that the slide is reporting.

Detection (Programmatic): These slides are about early detection

Access (Programmatic): These slides report on access to care

Coordination (Programmatic): These slides focus on coordination of care

Demonstrate (Evaluation): These slides report on intended outcomes

Identify (Evaluation): These slides are about facilitators and barriers

Provide Info (Evaluation): These slides provide insight to stakeholders

GA05558507

Apex Year 7 Measures

Data Collection Tool	Information Collected	Respondent(s)	Frequency
Monthly Progress Report (MPR)	School and service data	Apex provider	Monthly (July 2021 – June 2022)
Year-End Survey (YES)	School service and provider data (engagement across tiers, diagnoses, staffing)	Apex provider	Yearly (May 2022)
Mental Health Planning and Evaluation Template (MHPET)	Collaboration between Apex providers and school partners	Apex provider	Twice yearly (Sept. 2021 and May 2022)
Child and Adolescents Needs and Strengths (CANS)	Level of functioning, exposure to trauma, needs, and strengths	Apex provider	Intake; every 90 days until discharge
Parent Survey & Parent Interviews	Parent perspective on child's mental health progress, self-efficacy	Parents	Ongoing
School Partner/Provider Focus Group	Facilitators and barriers to implementation of SBMH services	Apex provider/School partners (school and/or district level)	Yearly (March 2022)

8

Apex Year 7 Report Outline

- Apex: By the Numbers
- Access
- Coordination
- Early Detection
- Identify
- Demonstrate
- Provide Information
- Considerations for Apex Year 8

Apex: By the Numbers

Characteristics of the Georgia Apex Program

July 2021 – June 2022

Schools and Providers

- 34 behavioral health agency providers
- 278 Apex staff from behavioral health agencies
- 738 schools involved in Apex
- 704 schools reporting engaged partnerships*

*Engaged means schools submitting three or more months of reported data.

Source: MRR & YES

Students and Services

- 21,441 referrals for SBMH made
- 4,541 students receiving first time services
- 13,778 unique students served
- 172,143 tier 1 and tier 2 services provided
- 32,901 telemedicine services provided

Source: MPR & YES

12

DBHDD Regional Representation Across the State

DBHDD Regions

- No Apex schools
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
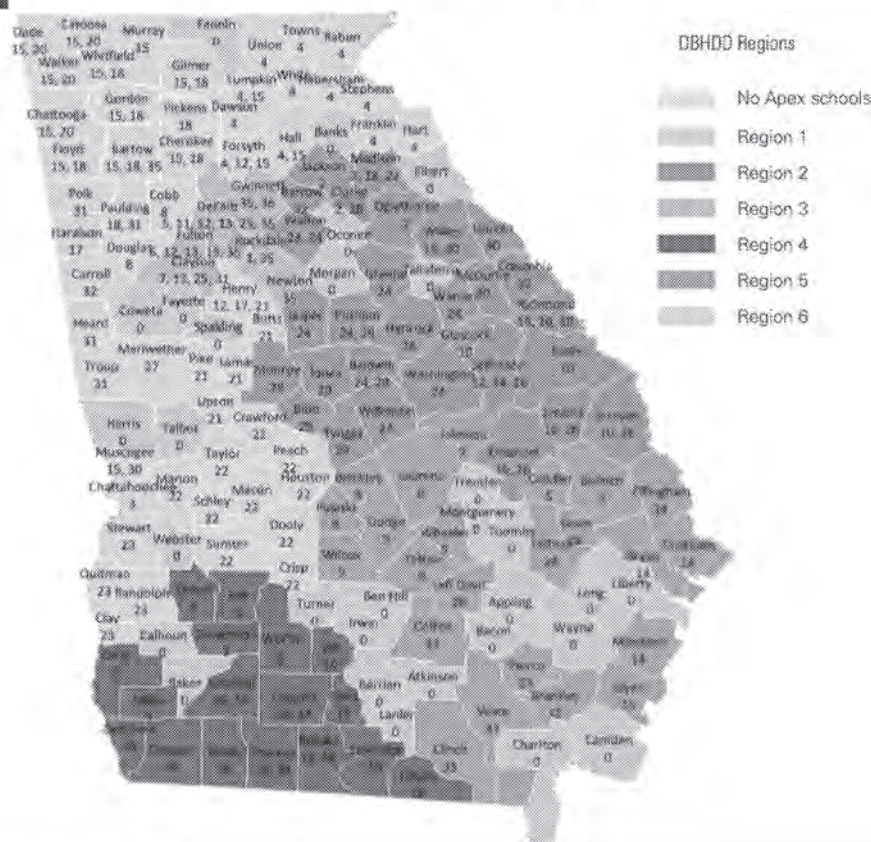
- 6 Regions
- 129 Counties
- 147 School Districts
- 738 Schools

13

School Settings

Majority of Apex providers are in Elementary Schools (n = 738)

49.7% of Apex schools (n = 738) are in rural Georgia

332

183   181

42

Elementary   Middle   High   Alternative

Nonrural 50.3%   Rural 49.7%
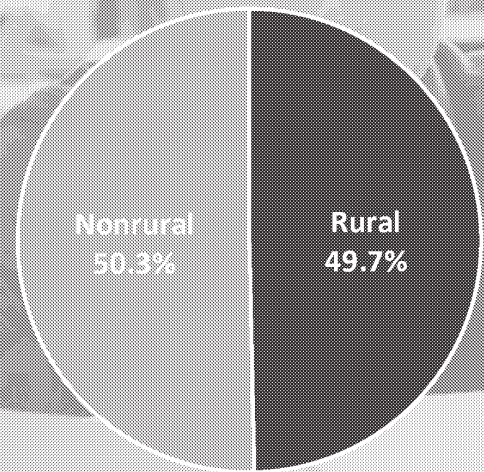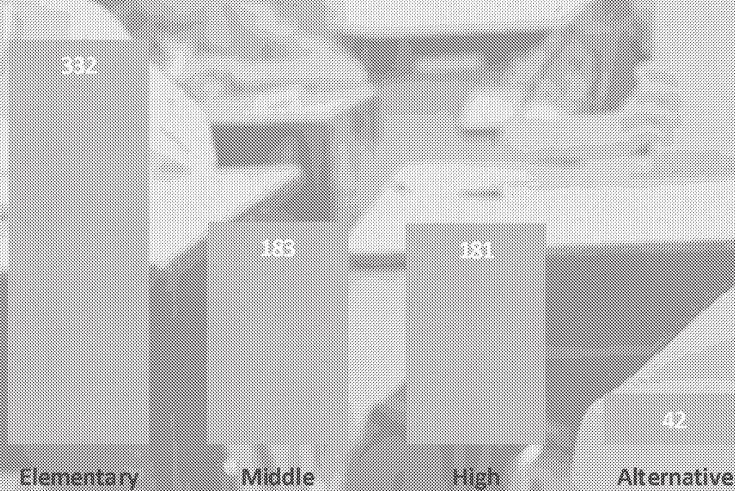
Source: MPR

GA05558514

Access

Improve access to mental health services for children and youth

GA05558515

Tier 1- Universal Prevention Activities

Activity	Number of Activities
Staff meetings	956
Faculty consultation or classroom observation	792
Parent education	604
Student services team staffing	501
Other Activities	417
School events	213
Participation in IEP or 504 Plans	204
LIPT meetings	152
In-service trainings on mental health	110
Mental health awareness events	100
Support groups for at-risk students	85
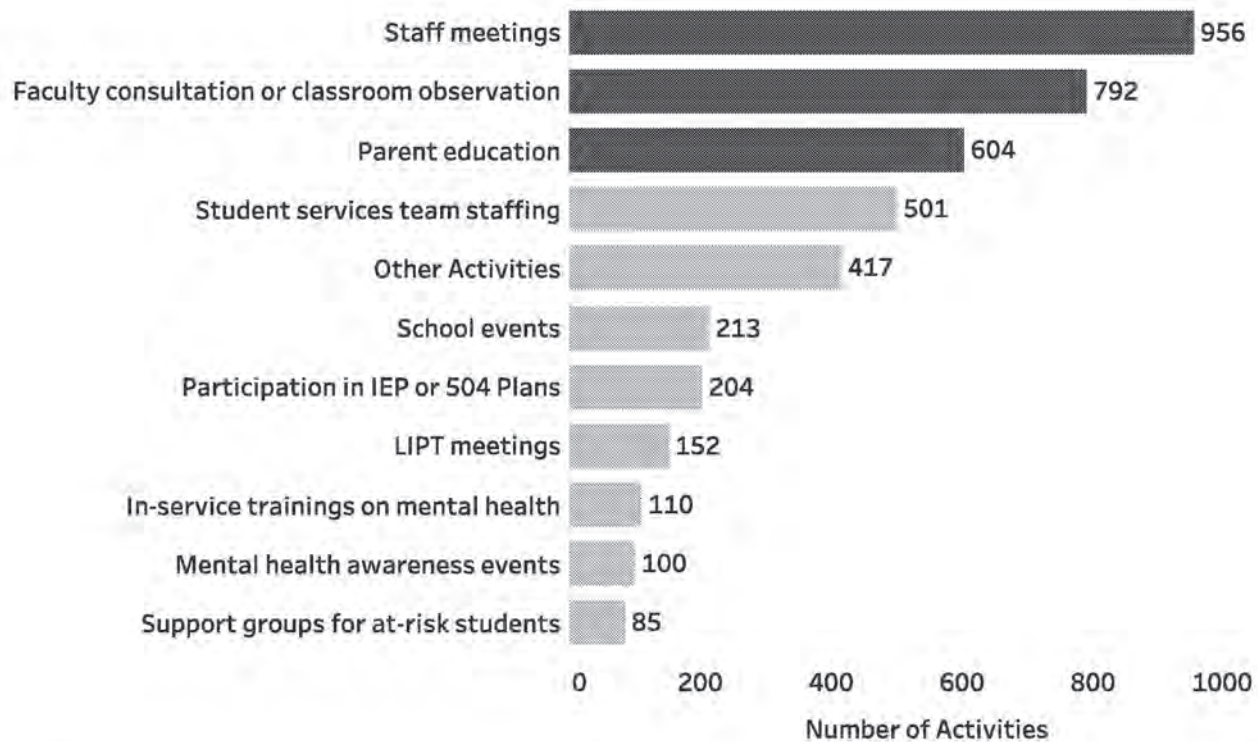
Number of Activities

Source: MPR

16

Tier 2- Early Intervention Activities

Activity	Number of Activities
Individual outpatient services	6,276
Community supports and individual services	6,258
Tier 3 behavioral health assessment	5,997
Behavioral health assessment	1,547
Psychiatric treatment	1,427
Nursing services/assessments	1,424
Other services	1,230
Medication management	1,215
Family therapy	613
Group therapy	587
Diagnostic assessment	476
Service plan development	271
Response to intervention	185
Crisis intervention	181

Number of Activities

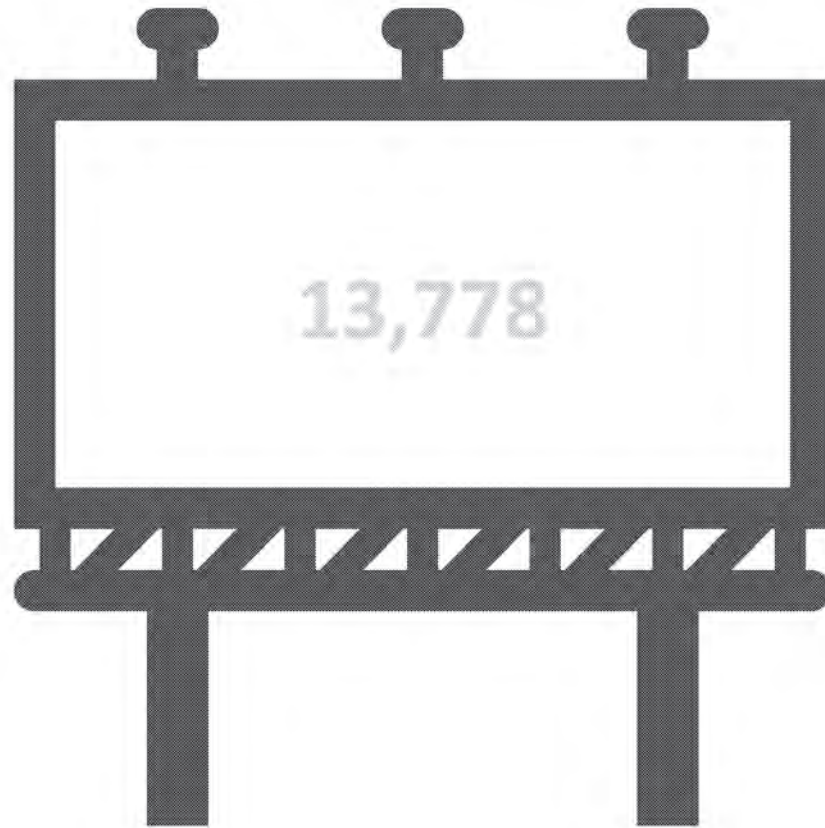Source: MPR
17

13,778

Unique Tier 3 Students Were Served in Year 7

Source: YES

18

Total Number of Apex Students by Quarter
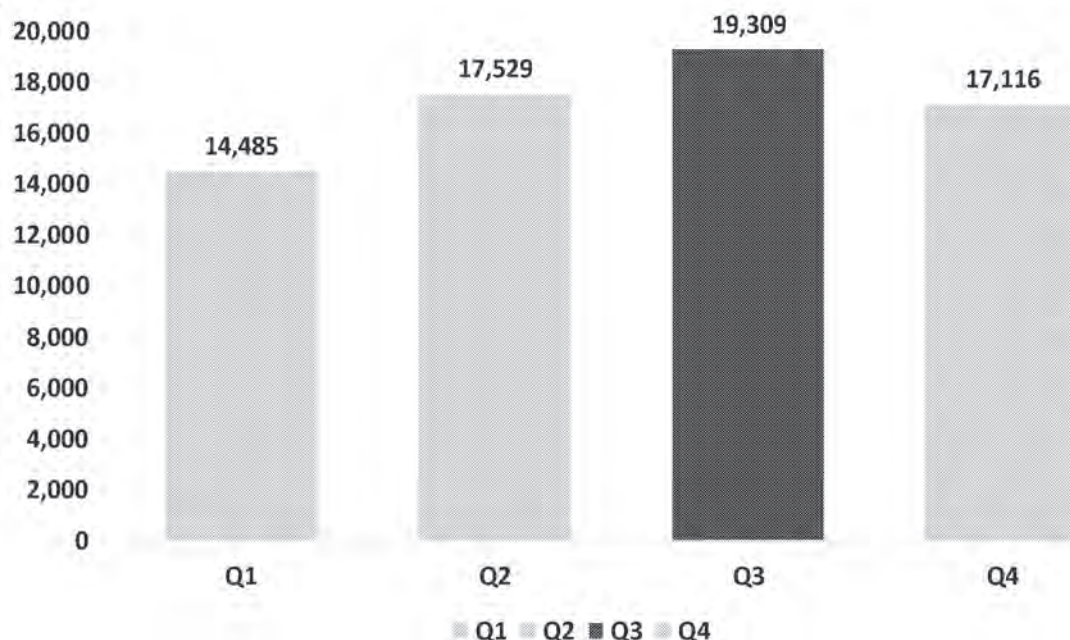
The total number of Apex students has been higher than the average total number of students served for Q2, Q3, and Q4, with **Q3 having the highest participation.**

	Quarter 1 (Q1)	Quarter 2 (Q2)	Quarter 3 (Q3)	Quarter 4 (Q4)
	July, August, September	October, November, December	January, February, March	April, May, June

Source: MPR

19

Tier 3 – Intensive Intervention Activities

Activity	Number of Activities
Individual Outpatient Services	63,089
Community Supports & Individual Services	38,980
Group Outpatient	11,284
Psychiatric Treatment	10,459
Behavioral Health Assessment	9,603
Other	8,711
Family Outpatient	8,502
Nursing Services/Assessment	8,053
Service Plan Development	7,556
Medication Management	3,552
Diagnositic Assessment	2,354

Number of Activities

Source: MPR

20

4,541

Unique First-Time Students Were Served in Year 7

Source: MPR

21

Total Number of First Time Services by Type

Service Type	Value
Behavioral Health Assessment	3,138
Individual Outpatient Services	2,878
Other	1,681
Community Supports & Individual Services	1,612
Service Plan Development	986
Diagnositic Assessment	566
Family Outpatient	463
Nursing Services/Assessment	391
Psychiatric Treatment	299

Source: MPR

22
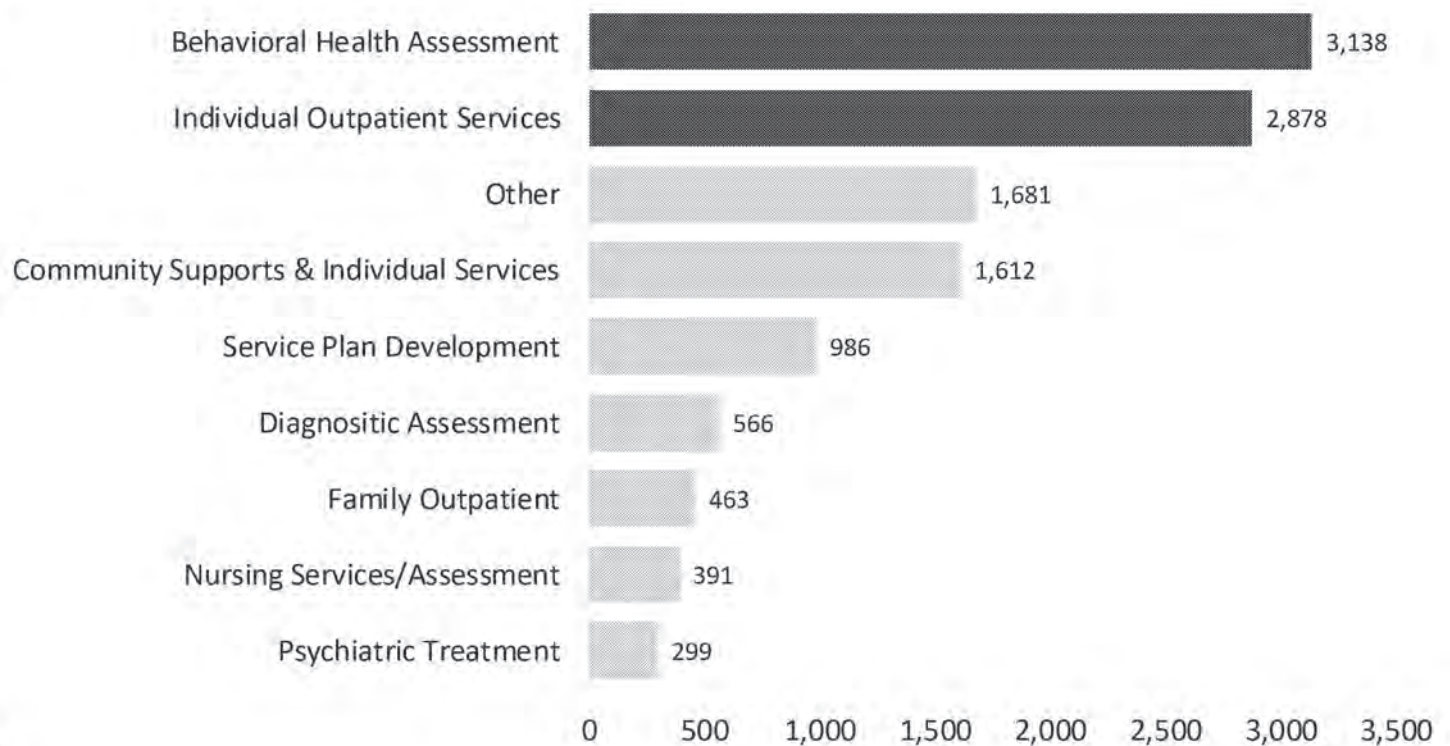
Apex Billing by Payor Source

Payor Source	Billing
Peach State	21,983
Amerigroup	14,193
Care Source	10,313
SSI Medicaid	6,050
Charged to Apex Grant	4,897
Private Insurance	2,638
DBHDD Fee-for-Service	2,378
Amerigroup 360	912
PeachCare for Kids	557
Other Government	348
Other Billing Payer	274
WellCare	218

Medicaid and care management organizations (CMOs) accounted for 84% of billable students.
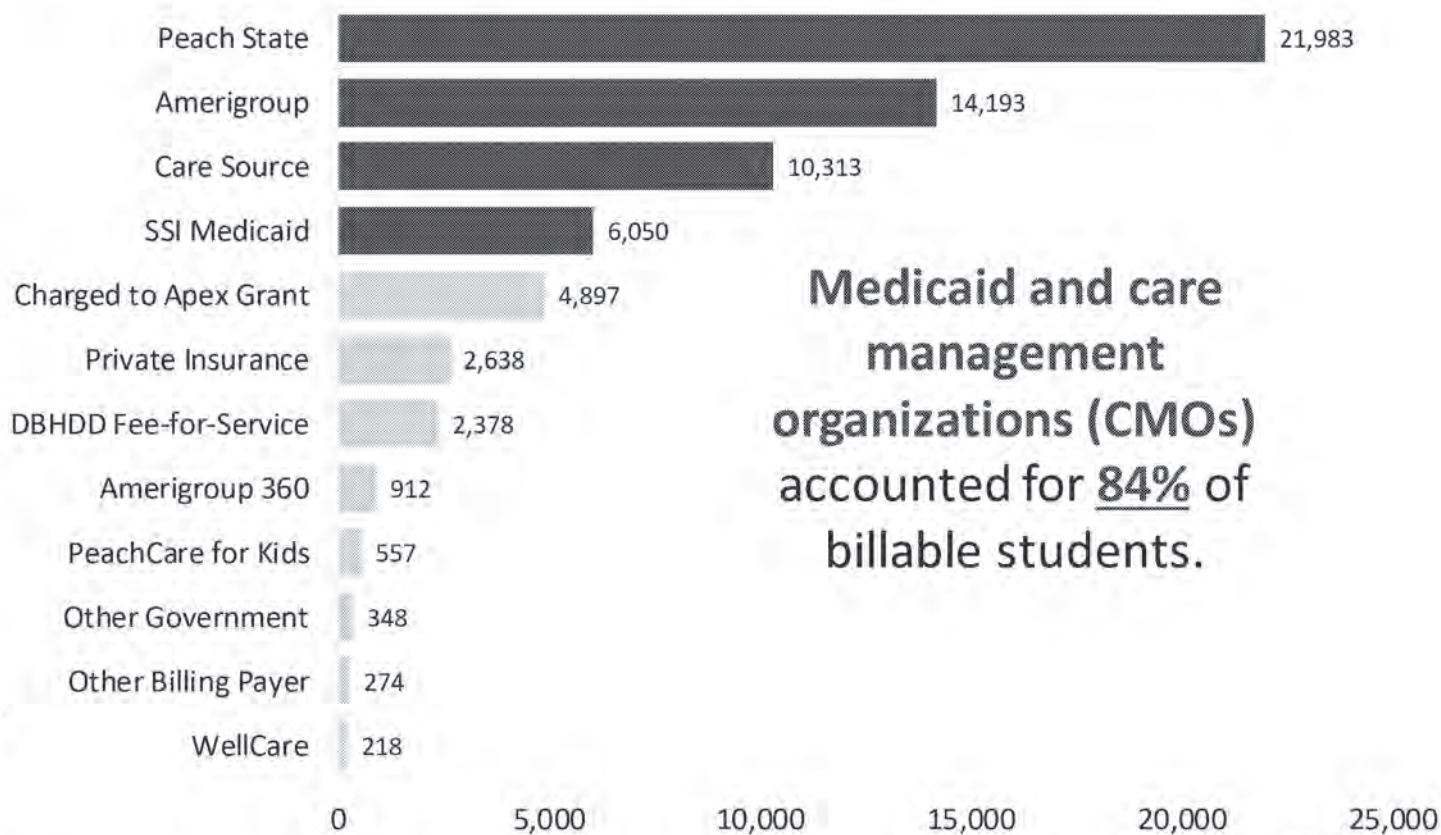
Source: MPR

23

Barriers to Billing

Providers reported that **private insurance** was the most difficult type of payor source to bill:

69%
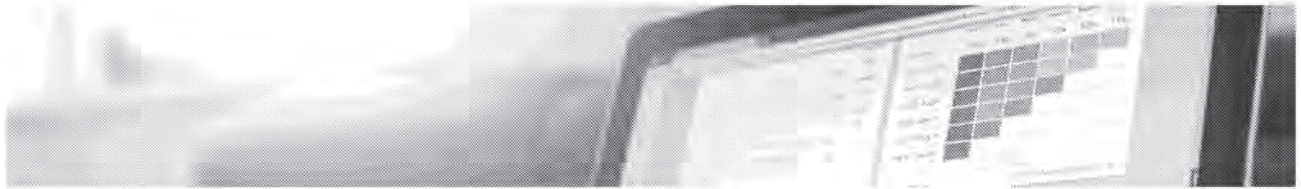Reported difficulty with Private Insurance
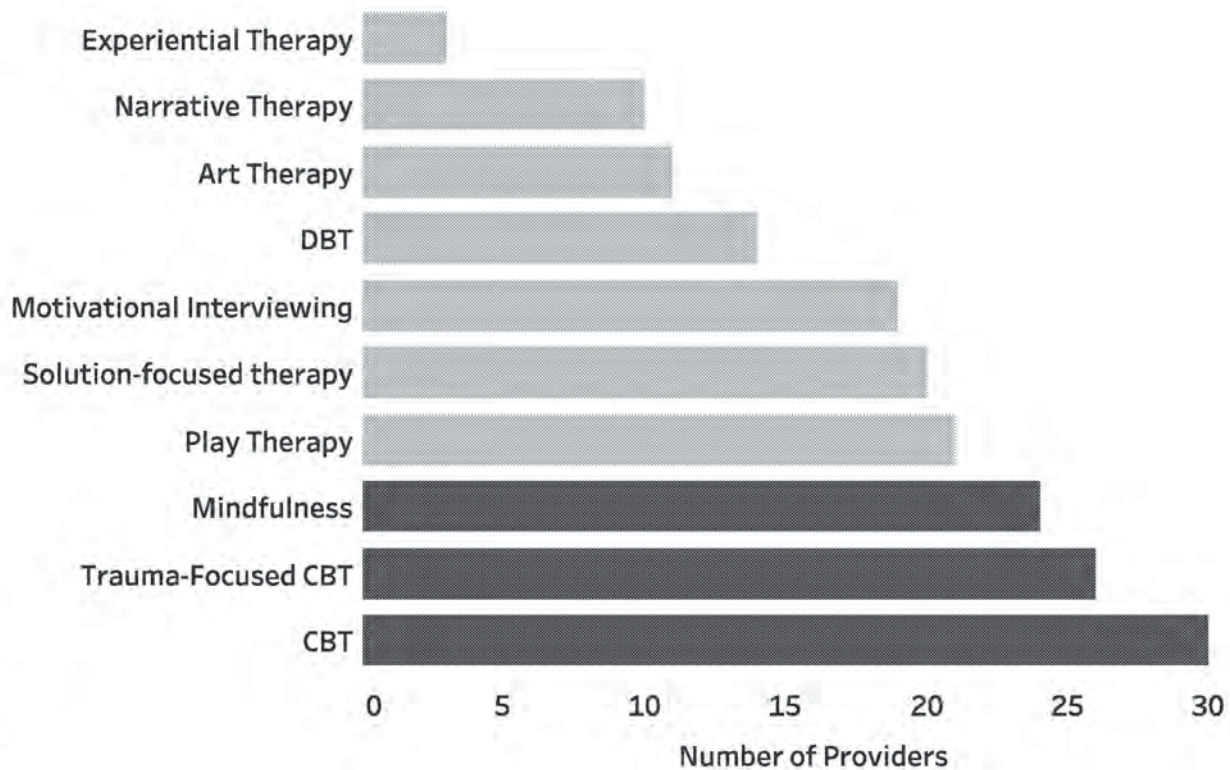
25%
Reported difficulty with CMOs

22%
Reported difficulty with other payor sources

Source: YES

24

Evidence-based practices utilized most frequently by providers.

Horizontal bar chart showing Number of Providers (x-axis, 0 to 30) by therapy type:
- Experiential Therapy
- Narrative Therapy
- Art Therapy
- DBT
- Motivational Interviewing
- Solution-focused therapy
- Play Therapy
- Mindfulness
- Trauma-Focused CBT
- CBT

Source: YES

25

Coordination

Sustain increased coordination between Georgia's community mental health providers and local schools/school districts in their service areas

# Mental Health Planning and Evaluation Template (MHPET)

- Developed to improve the quality of mental health services delivered within school-based settings.
- Targets areas of strength and improvement in school-based mental health.
- A 34-indicator measure using a 1-6-point range Likert scale that operates as a quality team assessment tool.
    - 1 = items not at all in place
    - 6 = items fully in place
- Individual Apex providers reported on the survey items

Coordination

37

Apex Program Embeddedness

Mental Health Staff Have Space and Tools to Maintain Confidentiality

- Not in Place
- Somewhat
- Mostly
- Completely

N = 107

Coordination

Source: MHPET

28
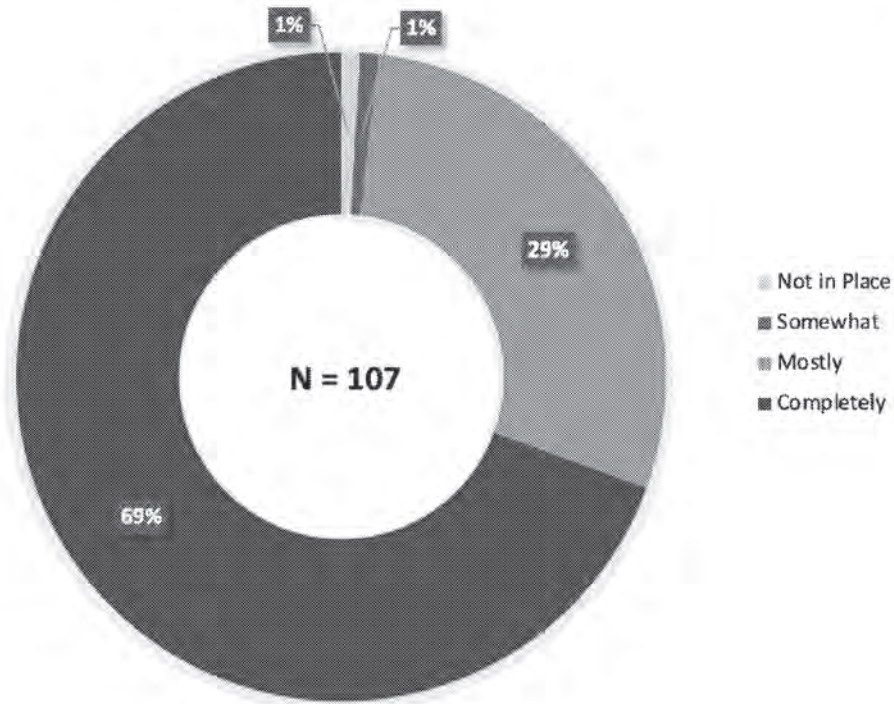
Apex Care Coordination Across Providers

Apex Program is Developed with Youth and Family Input
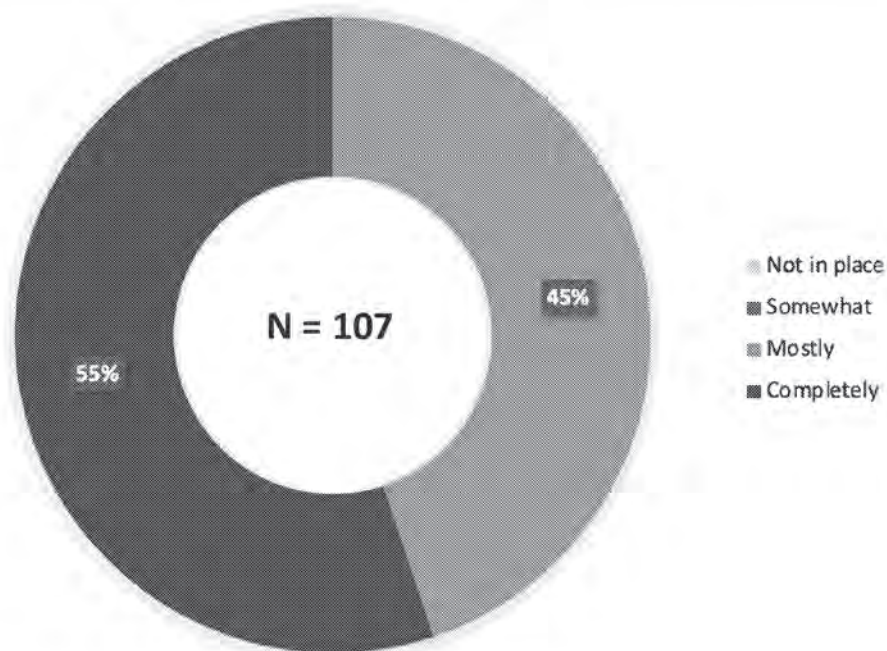

N = 107

- Not in place
- Somewhat
- Mostly
- Completely

Source: MHPET

29
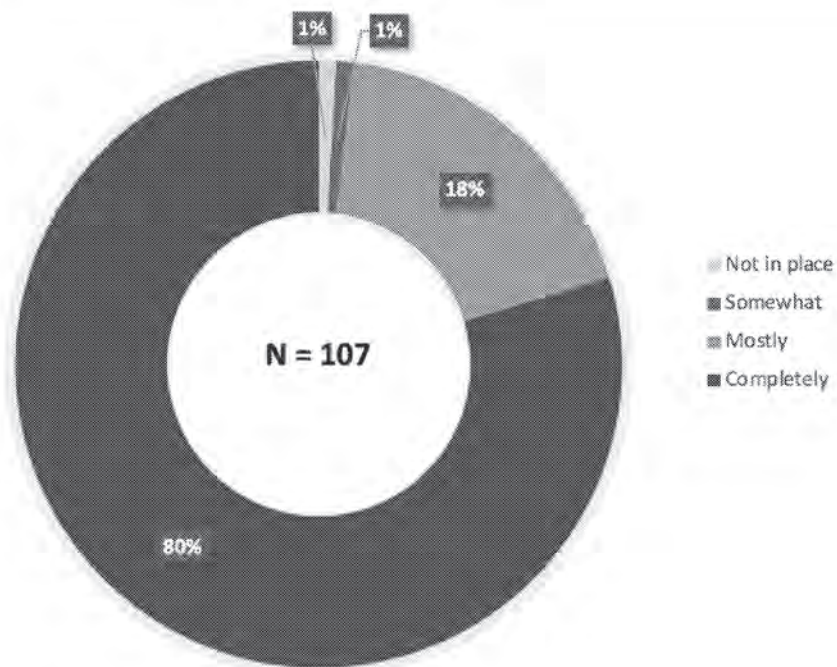
Apex Providers Support The School

Apex Providers Participate in Training and Meetings with School Staff

N = 107

45%

55%

Legend:
- Not in place
- Somewhat
- Mostly
- Completely

Coordination

Source: MHPET

30

Apex Program Collaboration

Apex Providers and School Partners Have a Shared Referral Protocol
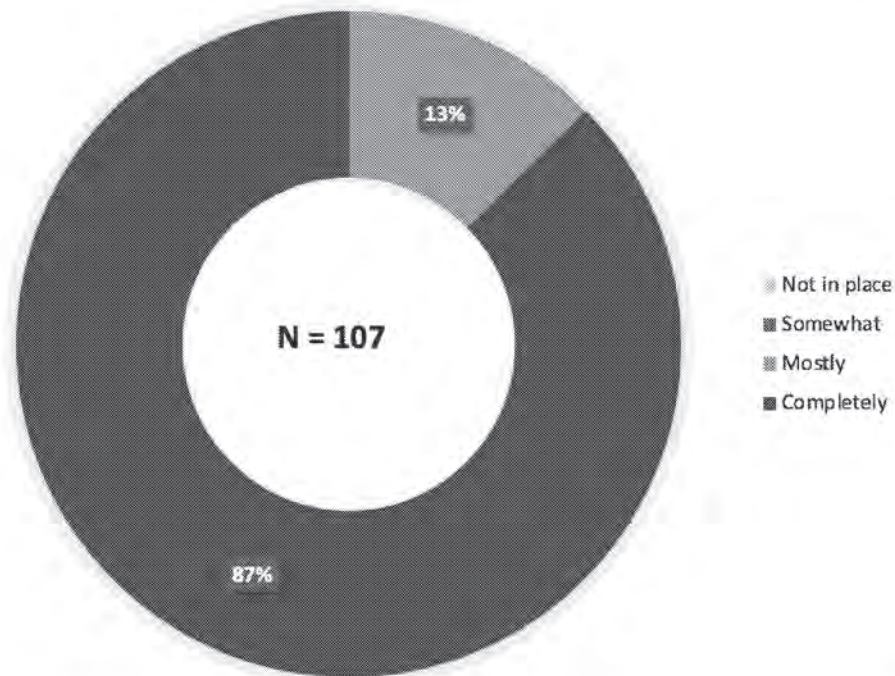
N = 107

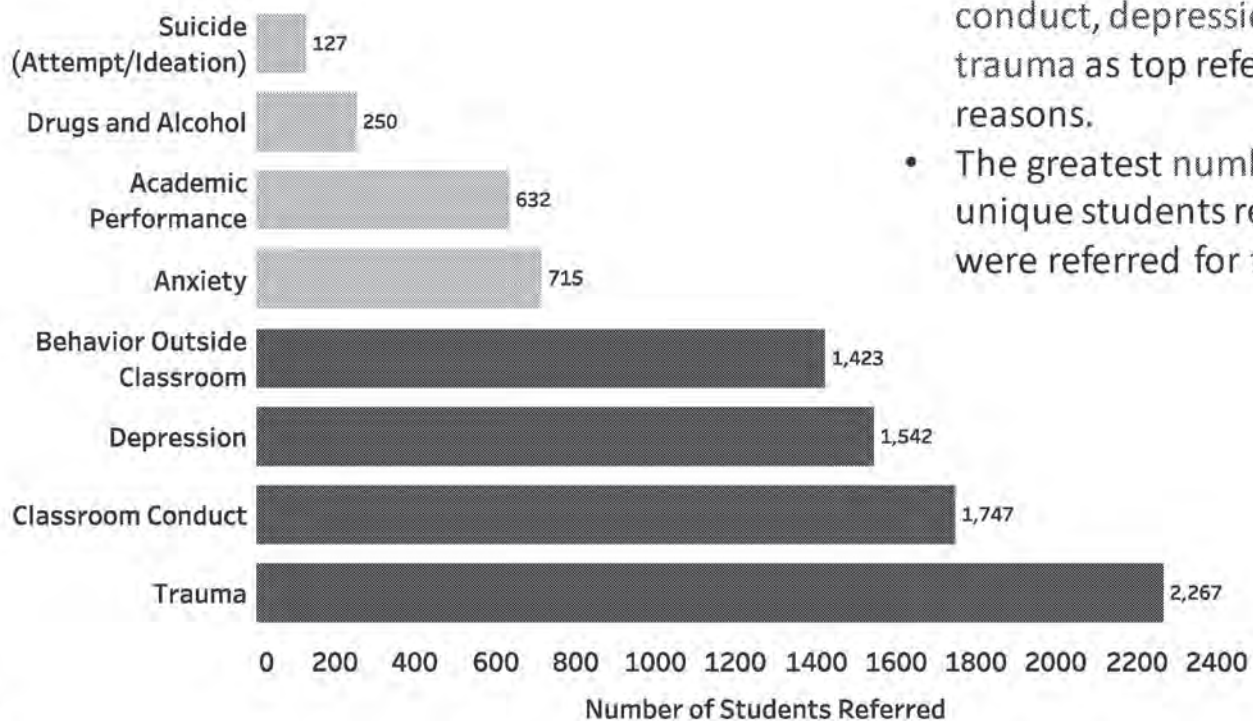13%

87%

Legend:
- Not in place
- Somewhat
- Mostly
- Completely

Source: MHPET

31

Early Detection

Provide early detection of child and adolescent behavioral health needs

Top Referral Reasons

Referral Reason	Number of Students Referred
Suicide (Attempt/Ideation)	127
Drugs and Alcohol	250
Academic Performance	632
Anxiety	715
Behavior Outside Classroom	1,423
Depression	1,542
Classroom Conduct	1,747
Trauma	2,267

Number of Students Referred

- Providers reported conduct, depression, and trauma as top referral reasons.
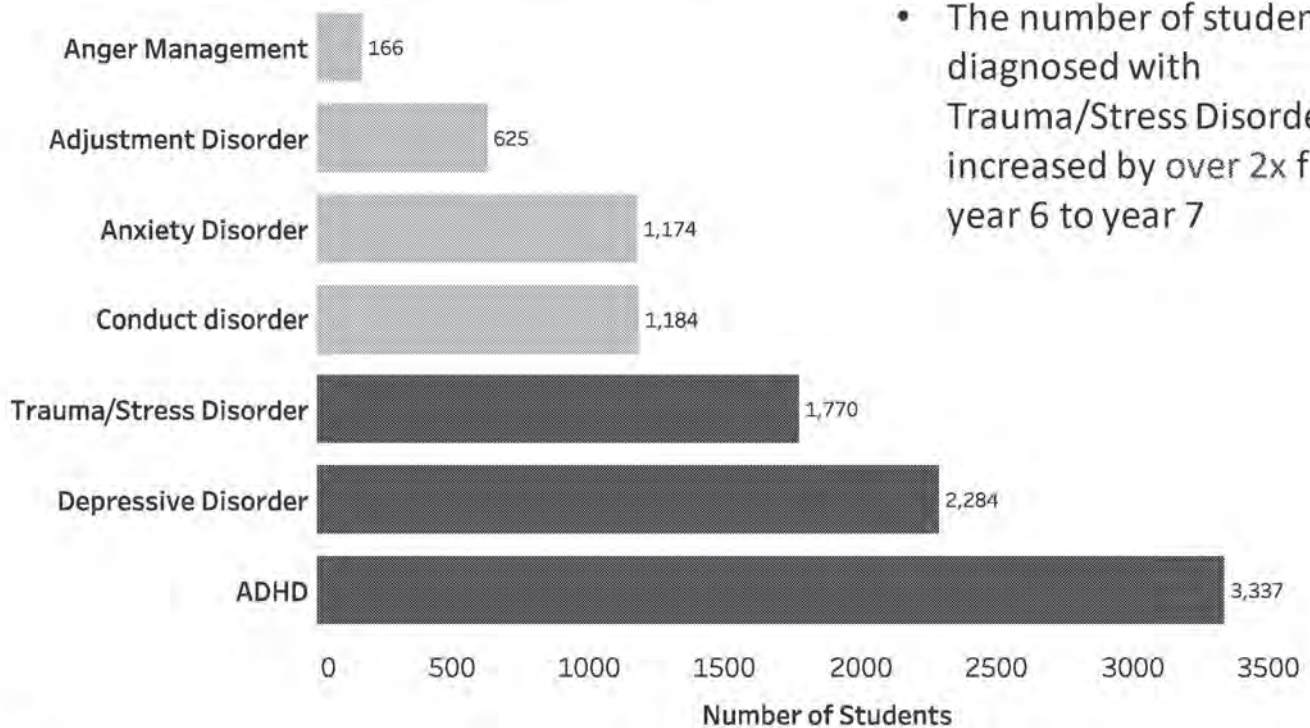- The greatest number of unique students referred, were referred for trauma.

Source: YES

33

Top Three Diagnoses
(Number of unique students presenting; $n = 10,540$)

Diagnosis	Number of Students
Anger Management	166
Adjustment Disorder	625
Anxiety Disorder	1,174
Conduct disorder	1,184
Trauma/Stress Disorder	1,770
Depressive Disorder	2,284
ADHD	3,337

Number of Students (axis: 0, 500, 1000, 1500, 2000, 2500, 3000, 3500)

- The number of students diagnosed with Trauma/Stress Disorder increased by over 2x from year 6 to year 7

Source: YES

34

Apex-Engaged Schools by School Type

School Type (n = 665)	Number of Schools	Percentage of Schools	Overall Student Enrollment	Percentage Overall Student Enrollment
Elementary school	316	48%	186,368	37%
Middle school	167	25%	123,534	25%
High school	172	26%	188,032	37%
Alternative schools	10	2%	3,643	1%
Total	665	100%	501,577*	100%*

Source: MPR and GA DOE

501,557* students had access to SMBH during the 2021-2022 academic year through tier 1, tier 2, or tier 3 services.

*Enrollment data on 39 of the schools could not be obtained from the DOE database

35

Identify

Identify facilitators and barriers to sustainability and replication

Barriers to Staffing

Providers reported that **therapists** have the highest rate of turnover. The most common reason for leaving is salary.

65%
Of providers reported therapist turnover

43%
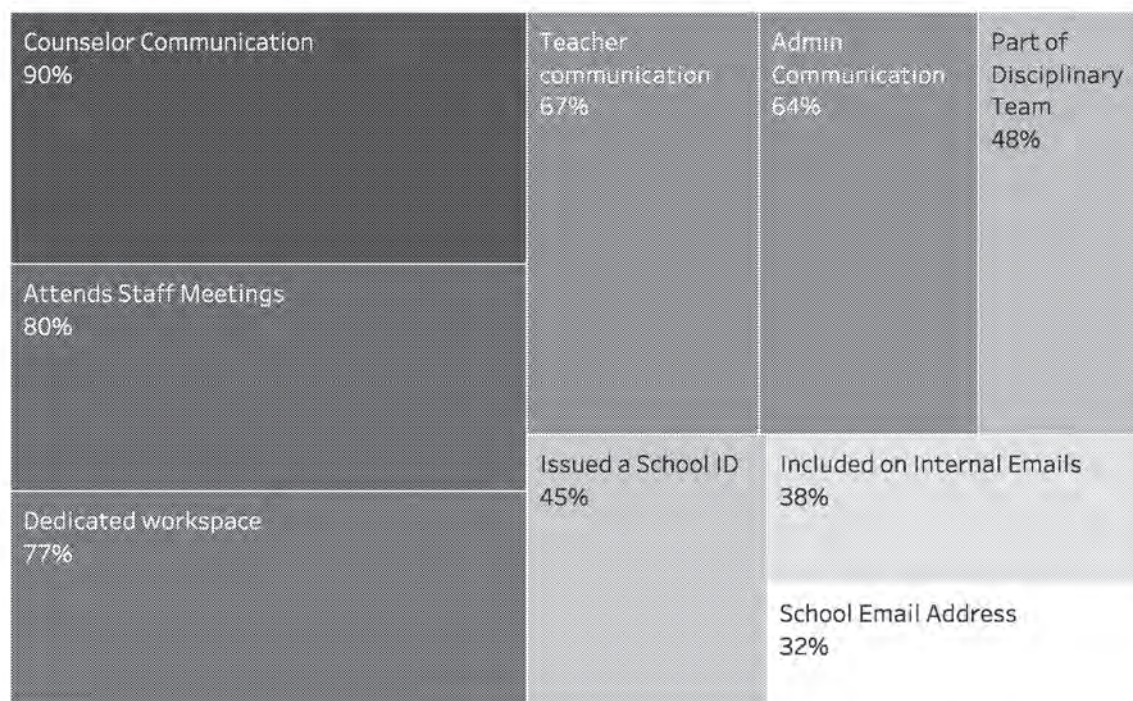Of exiting staff reported report salary as the reason for leaving

Strong partnerships between the provider and schools and the **level of therapist embeddedness** in schools are critically important facilitators for successful SBMH implementation.

Embedding Behavioral Health Providers Within Apex Schools

Counselor Communication 90%	Teacher communication 67%	Admin Communication 64%	Part of Disciplinary Team 48%
Attends Staff Meetings 80%	Issued a School ID 45%	Included on Internal Emails 38%	
Dedicated workspace 77%		School Email Address 32%	

These are all indicators of the providers' integration into the school, which influences successful program implementation. All providers reported one or more indicators.

Source: YES
39

School Data Sharing

- All reporting provider agencies (n = 32) reported building relationships with school personnel to access data

- The most frequently reported barrier to collecting this data is the burden on staff to obtain data.

Providers Access School Data Through:

District Level Permission	37%
Included in MOU	71%
Relationships with School Personnel	100%

Barriers to School Data Access Are:

Lack of Understanding	38%
No Access to Data by School Staff	54%
Burden on Staff	64%

Source: YES

While most providers reported sharing data with **internal sources**, they also reported sharing with **external partners**

Other

External

Community Leaders

Non-Profits

Internal

MH Agency Leadership

School partners

| | | | | | | |
|0|5|10|15|20|25|

Number of Providers
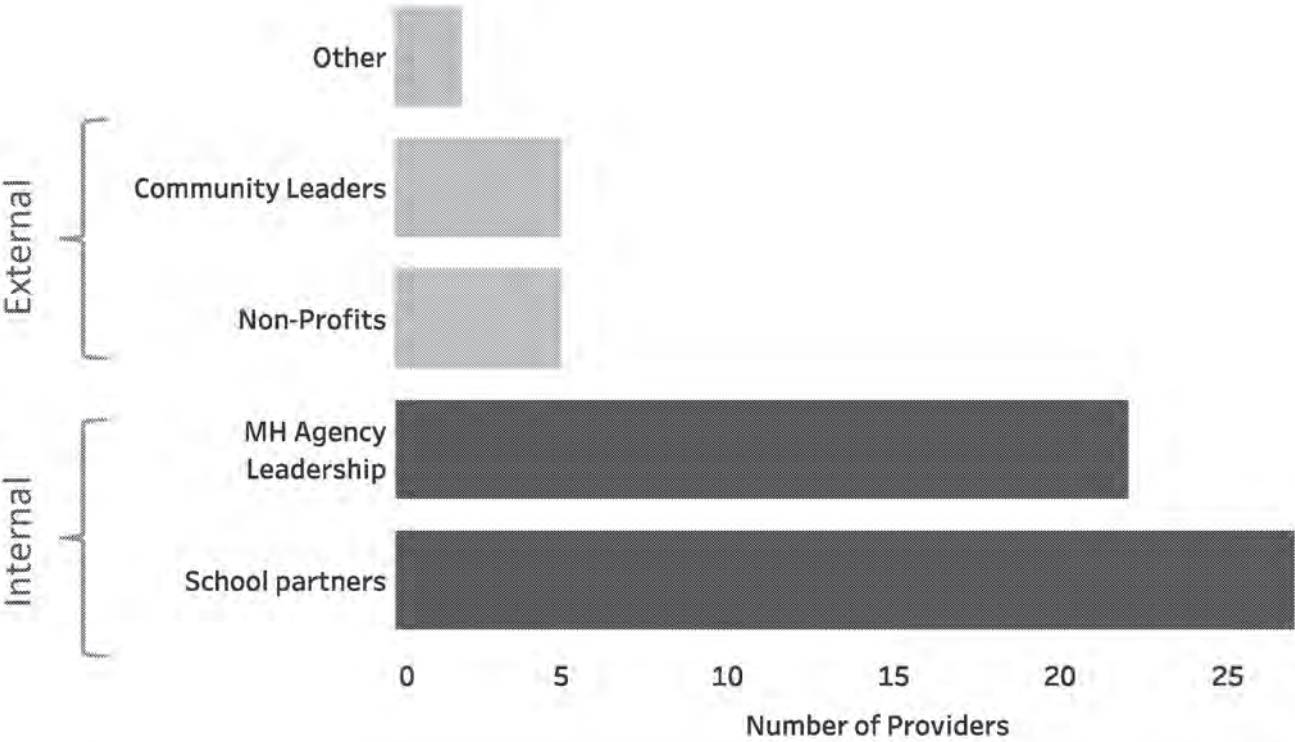
Source: YES
41

Barriers to Service Access in the Community

Apex providers reported access to qualified staff most frequently as a barrier to parents' general access to behavioral health services in the community

Other

Distance

Office hours (i.e., offices are not open during times parents can access them)

Time (e.g., parents not able to take time off work)

Transportation

Staff Capacity (i.e., not enough qualified professionals to serve families)

0   5   10   15   20   25   30

Number of Providers Reporting

Source: YES

42
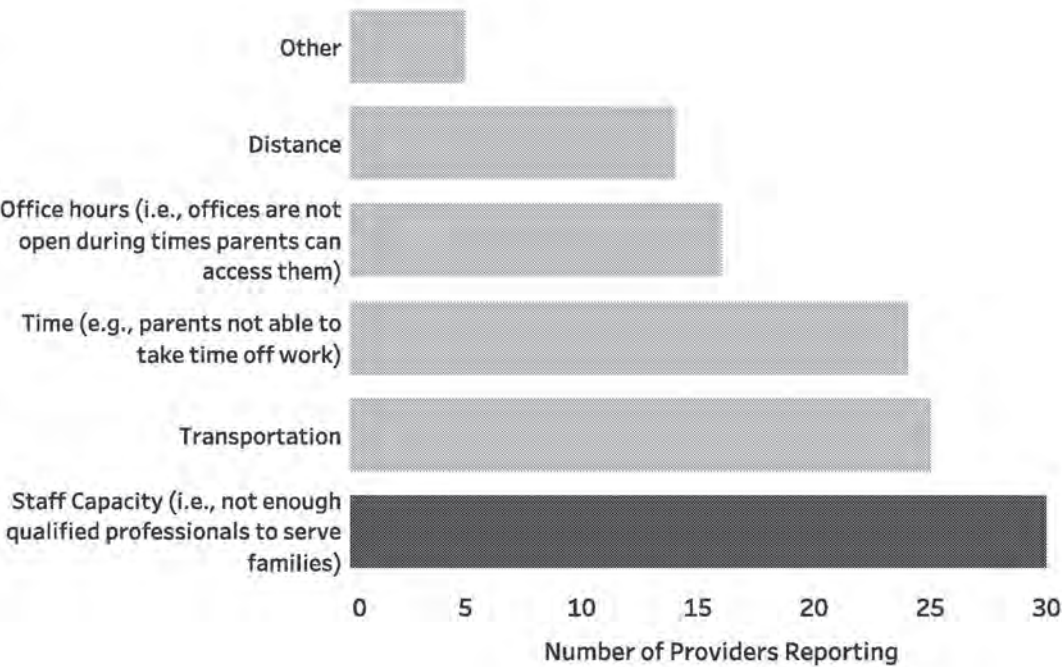
Barriers to Apex Service Provision of for Year 7
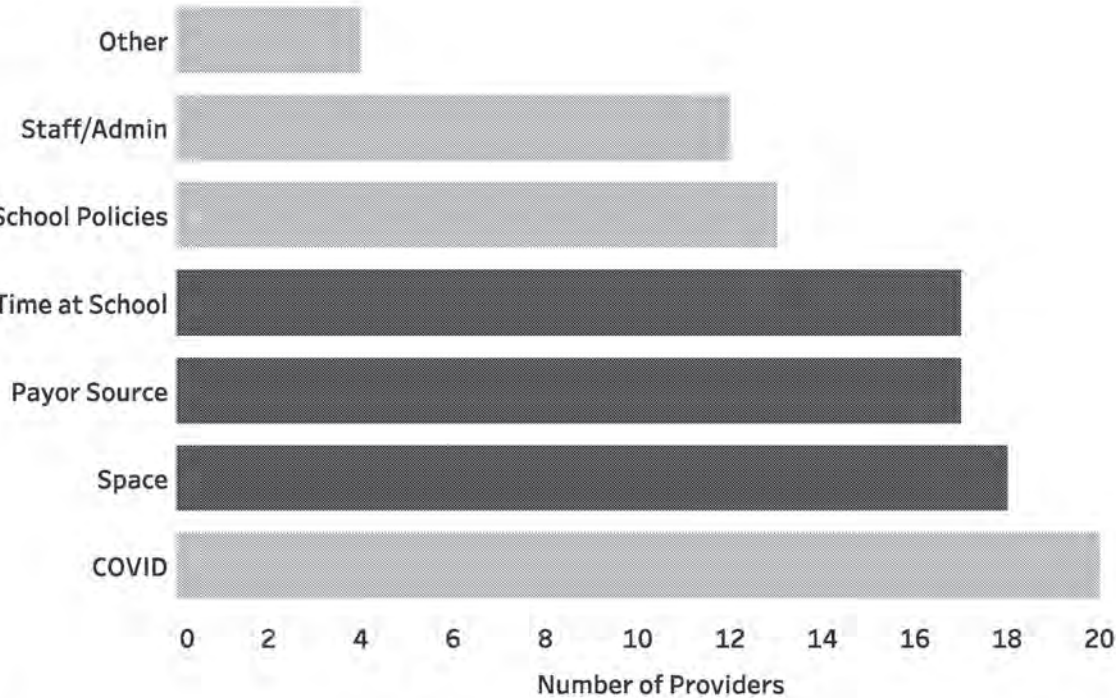
Aside from COVID, providers reported **payor source (billing)**, **time**, and **space** as their most common barriers to providing services

Demonstrate

Demonstrate program's ability to meet intended outcomes

The Child and Adolescent Needs and Strengths (CANS) Measure

The CANS assesses exposure to trauma, needs, and strengths through the following nine domains:

- Life Functioning
- Child Risk Behaviors
- Acculturation
- Child Behavioral /Emotional Needs
- Traumatic Stress Symptoms

- Traumatic/Adverse Childhood Experiences
- Child Strengths
- Substance Use
- Caregiver(s) Needs and Strengths

45

CANS

72% of reassessed* students showed improvement.

*Therapists are asked to give each student a CANS on entry to the program. They are then asked to reassess them every 6 months

Higher Level of Care

- Average of one student per school required a higher level of care (e.g., short-term crisis stabilization, inpatient hospitalization or extended residential treatment) between July 2021 and June 2022.

- Of the 68,439 unique students served in Year 7:
    - 1,101 students were placed in a higher level of care; and
    - 607 students stepped down from a higher level of care.
        - Of those students that stepped down, 155 (26%) students returned to a higher level of care during the same school year (2021 -2022).

Source: MPR

47

Georgia Student Health Survey (GSHS)

- The Georgia Student Wellness Survey (GSHS) was developed and administered in April 2022 by GaDOE.
- Participation was voluntary, self-report and not all students completed the survey.
- Elementary school students completed a different version of the GSHS than middle and high school students.
- Survey questions addressed non-academic barriers to learning.
- The current sample contains 30,831 elementary school students and 119,495 middle/high school students from Apex schools.

Source: GSHS

48

Georgia Student Health Survey (GSHS): Elementary School

88%
Of students always feel their school wants them to succeed.

79%
Of students always feel there is an adult at school who will help them.

69%
Of students get along well with other students

52- 69%
Of students have never experienced bullying, such as being hit, left out, threatened, or having rumors spread.

58%
Of students always feel safe at school.

Source: GSHS

49

Georgia Student Health Survey (GSHS): Middle and High School

82%
Of students have never been bullied or threatened by other students

76%
Of students know an adult at school they can talk with if they need help

59 - 64%
Of students reported often **feeling stressed** due to academic performance or the demands of schoolwork

33%
Of students reported feeling stressed due to family reasons

52%
Of students reported feeling depressed, sad, or withdrawn in the past month

Source: GSHS

50

Georgia Student Health Survey (GSHS): Middle and High School

Students reported that **family reasons** were the primary reason for:

17%	10%	11%	5%
Seriously considering intentionally harming themselves	Intentionally harming themselves	Seriously considering attempting suicide	Having a suicide attempt

Source: GSHS

51

Changing Student Needs

For students in Apex, providers anecdotally reported that racism was a meaningful factor that contributed to youth's decline in mental health.

Providers discussed seeing a **change in student needs** and the types of referrals they were receiving such as:

- Need for trauma and grief counseling
- Suicidal ideation
- Domestic violence
- Social disconnectedness

Trauma and grief was the factor that had the most change, with diagnosis of these disorders increasing from year 6 to year 7 by **over 2x.**

Source: Focus Groups and YES

52

Parent Survey

- Questions on the Parent Survey address child's functioning since joining Apex, satisfaction with the services the child has received, the child's ability to handle daily life, and improvement in work and school.

- A total of 229 parents completed the survey.

  - 17 responses listed unknown school names to determine school type. They are not included in the breakdown.

  - 3 responses listed schools that encompassed multiple school types[*] (i.e. both high and middle school).

Surveys by School Type

PreK 2%

High 37%

Elementary 29%

Middle 32%
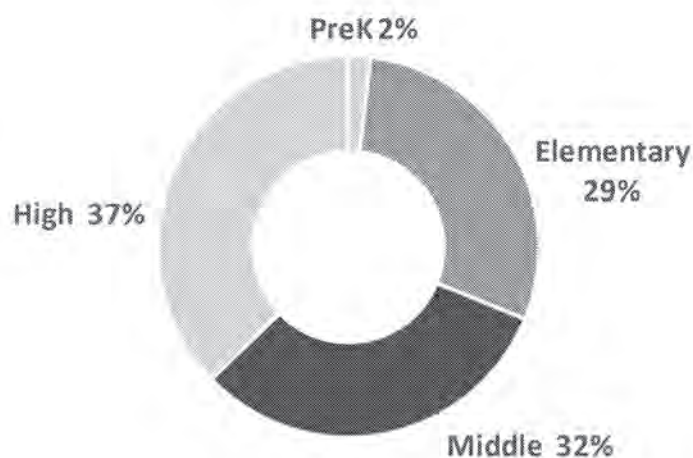
*If the reported school encompassed multiple school types, the response was counted for each school type the school encompassed

53

Parent Survey: Child's Mental Health Progress

76%
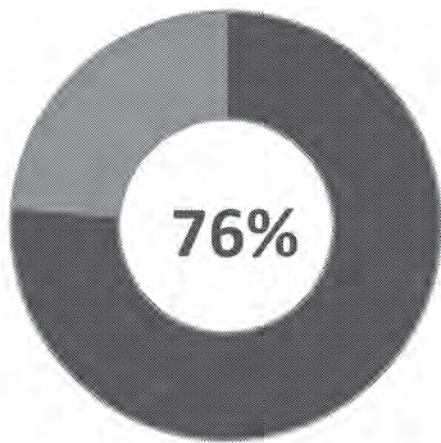
of parents reported that
**their child is better
at handling daily life.**

71%
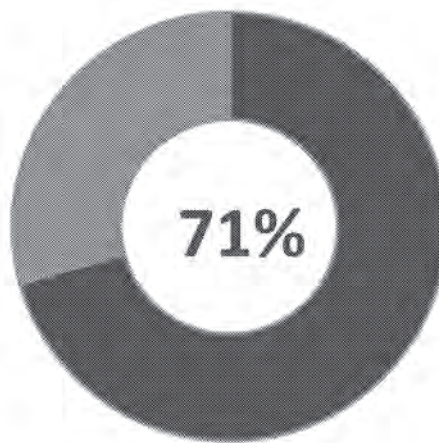
of parents reported that
**their child gets along
better with friends and
other people.**

70%
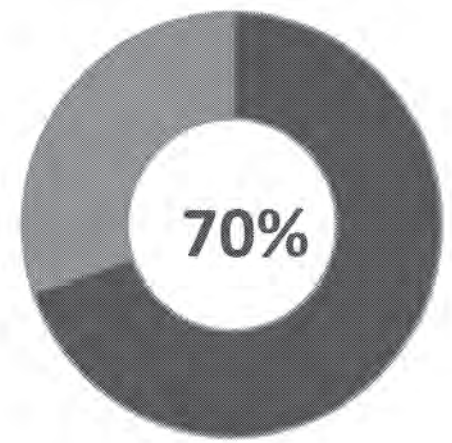
of parents reported that
**their child is better able
to cope when things go
wrong.**

Source: Parent Survey
54

Parent Survey: Child's Mental Health Progress

The number of days the child was in Apex services was **positively correlated** with reported **positive mental health progress** in the child.

r coefficient

My child is better able to cope when things go wrong. — 0.29

My child is better at handling daily life. — 0.23

My child is better able to do things he or she wants to do. — 0.23

My child's symptoms are not bothering him/her as much. — 0.21

My child gets along better with friends and other people. — 0.19

*My child is doing better in school and/or work. — 0.15

Scale: 0.30, 0.28, 0.26, 0.24, 0.22, 0.20, 0.18, 0.16
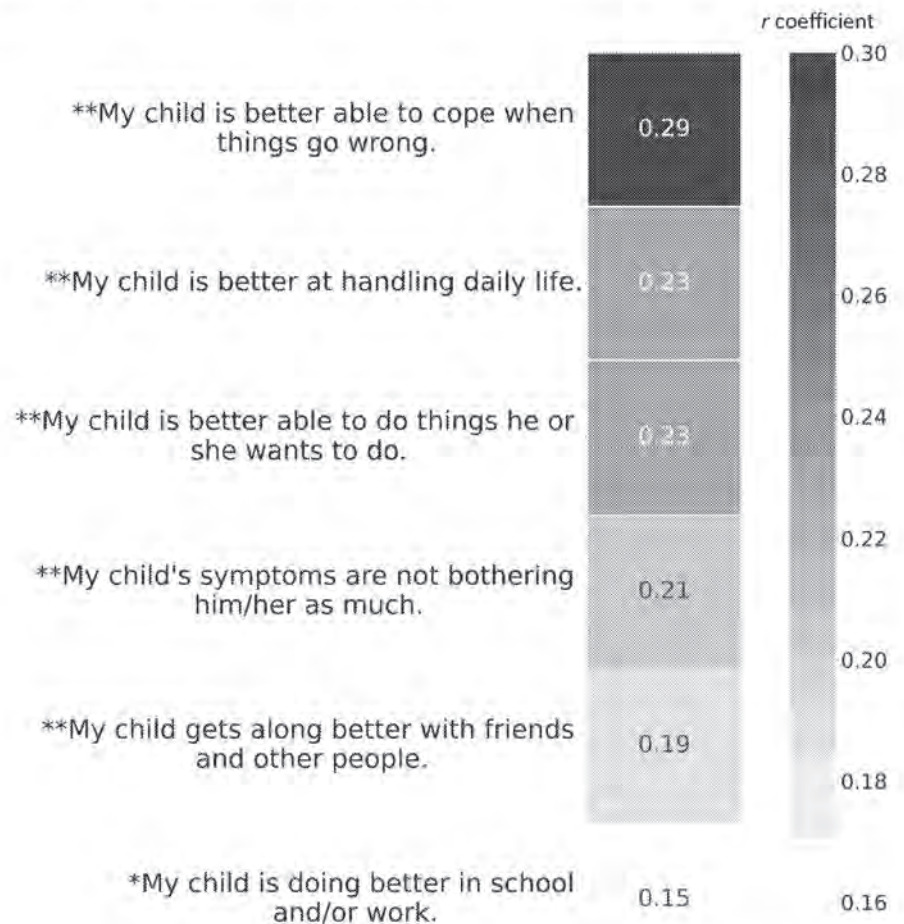
* = p < 0.05, ** = p < 0.01

55

Parent Survey: Parent Self-Efficacy

88%
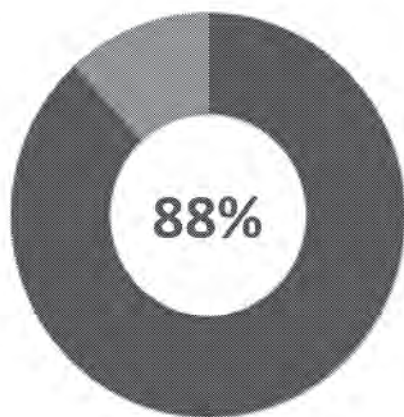
of parents reported **improvement in their ability to advocate** for the needs of their child.

84%
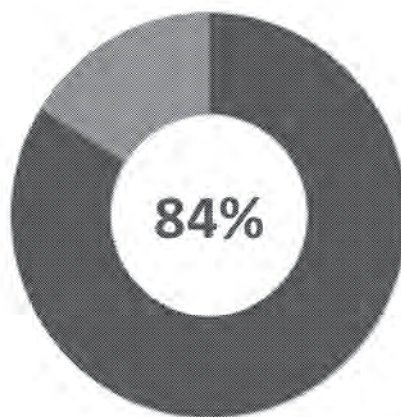
of parents **know how to access resources for** their child.

82%
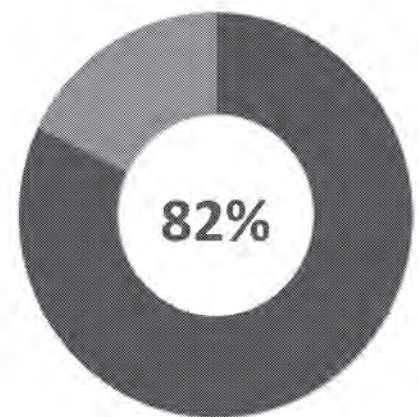
of parents reported being **more equipped to respond to their child's symptoms.**

Source: Parent Survey

56

Parent Survey: Parent Satisfaction and Work Life

94%
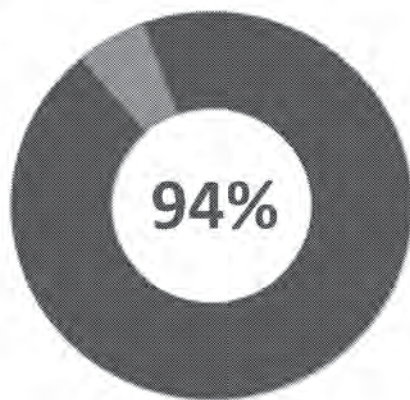
of parents are **satisfied overall with the services** their child has received.

74%
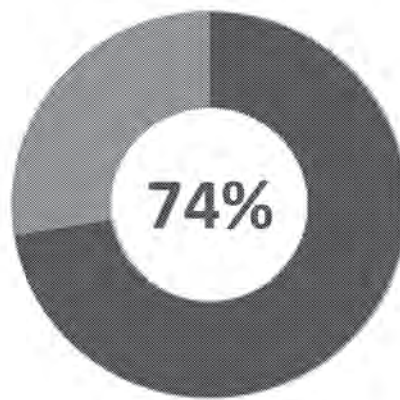
of parents reported **being able to spend more time at work** since their child could receive behavioral health services while at school.

72%

of parents reported being **satisfied with their family life** right now.

Source: Parent Survey
57

Parent Survey: Parent Self-Efficacy & Satisfaction

r coefficient

The number of days the child was in Apex services was **positively correlated** with improvements to parents' **self-efficacy** and parent **satisfaction with family life**

I am satisfied with our family life right now.   0.24

0.22

I am more equipped to respond to my child's symptoms.   0.22

0.20

*I have improved in my ability to advocate for the needs of my child.   0.15

0.18

0.16

*I know how to access appropriate resources for my child.   0.15

* = p < 0.05, ** = p < 0.01

58
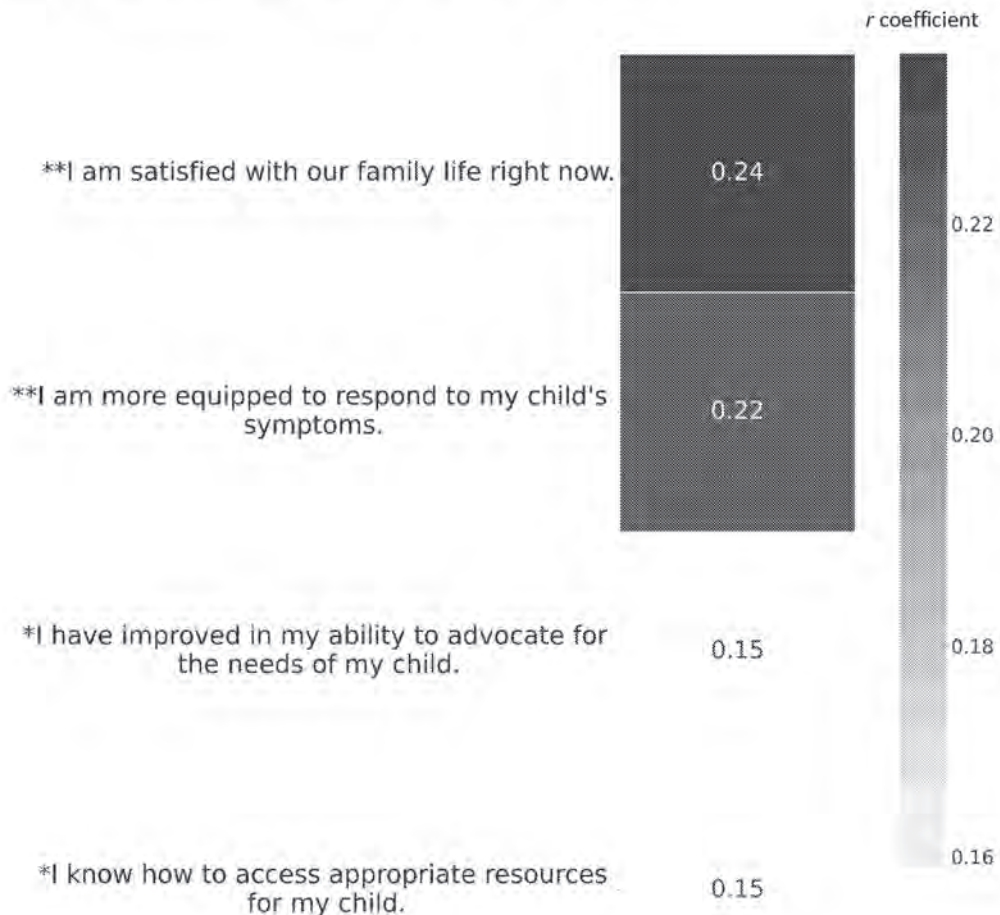
Provide Information

Provide information to
support Apex stakeholders

School Partner Focus Groups

- In March 2022, the COE conducted 2 focus groups with Apex school partners.
- The purpose of the groups was to learn more about the **impact of the program, successes,** and **continued challenges.**
- Respondents provided the following information, which highlights programmatic success, and may be utilized to address programmatic challenges

School Partner Focus Groups

Three main themes emerged: **Impact**, **Barriers**, and **Sustainability**. Under these themes, these were the major topics:

Impact	Barriers	Sustainability
• Care Coordination • Parent Engagement & Support • Relationship Building • School Programs & Goals • Staff Support & Development • Student Support & Outcomes	• Communication • Financial Costs • Parent Engagement & Consent • Privacy Concerns • Rural • Staffing & Available Services • Stigma • Technology • Transportation • Virtual	• Awareness & Education • Collaboration • Funding & Resources • Parent Outreach • Preventive Services • Virtual

Source: School Partner Focus Group

61

Focus Group Feedback

Impact

Student Support & Outcomes

The Apex program has impacted student outcomes, such as academic performance, disciplinary issues, attendance, and student wellness, and serves as a source of support to students.

"I've had a few students that's been in a spelling bee, although they've got something they got going on at home. With them talking it out, they're able to adjust to school, get their grades up, have somebody to talk to, less percentage of discipline issues and more of their attendance getting better, so less attendance problems." - School Partner

Relationship Building

The Apex providers became integral parts of the community by building relationships with students, staff, and family, and provide support beyond just their role as therapists.

"We love our provider. Our provider is invested in our community and does a lot more than just Apex with our community. They're great, and so we absolutely do not want to lose them in any kind of way" - School Partner

62

Source: School Partner Focus Group

Focus Group Feedback

Impact   Themes   Sustainability

Staff Support & Development

The Apex program provides support, training, and resources to school staff to promote staff wellness and expand their capabilities in working with students and in conflict resolution.

"... when I see the therapist going into the classroom, giving the teacher some strategies on how to handle a certain kid. So anger management ideas, how to do some deescalating things... And then it gives us the reinforcement that we need when she's not in the building on what to do when she's not here, and to mimic the same thing, and the student responds to it. " - School Partner

63

Source: School Partner Focus Group

Focus Group Feedback

Impact   Barriers   Sustainability

Communication

Issues with communication amongst the moving parts of the Apex program cause challenges to implementation. There can be differences between the backgrounds and protocols of the multiple entities involved in Apex, and there is a need for shared, structured guidance. The GHPC team is drafting a manual for Apex providers in response to this feedback.

Stigma

Stigma surrounding mental health and receiving mental health services still poses as a significant barrier to providing Apex services.

"... a lot of the families don't want to be labeled, so the parents are saying, "My child's not mental, not going to be on medication"" - School Partner

64

Source: School Partner Focus Group

GA05558564

Focus Group Feedback

Impact > Barriers > Sustainability

Staffing & Available Services

Due to high turnover and low retention in providers, staffing is a challenge. There are also not enough providers to meet the demand as well as a lack of specialized services, such as bilingual providers or substance abuse treatment.

"Our parents are desperately asking for more. So, they see the value in it. They know we need it. They know it exists. They just know that we can't accommodate all of the requests." - School Partner

65

Focus Group Feedback

| Impact | Barriers | Sustainability |

Funding & Resources

Funding and resources continue to be a crucial issue to sustainability. Provision of preventive services, such as Tier 1 and 2 services, depend on Apex funding, and without continued, possibly expanded, funding, these services may not be available. Additionally, the primary contributor to high turnover in Apex providers is salary. Funding for competitive compensation for providers would improve the sustainability of the program.

"... if there's any way to make it [providers' salary] competitive so we don't have high turnover of therapists or whatnot, that could be great." - School Partner

"I think most of their resources are pulled into that Tier 3 category. And I know that it's built on a Tier 1, Tier 2 also category setup, but we're not seeing a whole lot of opportunity for service provision in Tier 1 and 2, particularly Tier 1."
- School Partner

66

Focus Group Feedback

| Impact | Barriers | **Sustainability** |

Coordination

The Apex program is built on partnerships and depends on effective coordination amongst its partners. A key piece to the sustainability of Apex is coordinated efforts between agencies, schools, parents , and other stakeholders.

"... there is a collaboration between two agencies and all one goal, and that goal is to make sure that, that student is academically and social emotionally healthy."
- School Partner

Source: School Partner Focus Group

Provider Focus Groups

- In June 2022, the COE conducted 2 focus groups with Apex school partners.
- The purpose of the groups was to learn more about the **impact of the program, successes,** and **continued challenges.**
- Respondents provided the following information, which highlights programmatic success, and may be utilized to address programmatic challenges.

Provider Focus Groups

Three main themes emerged: **Impact**, **Challenges**, and **Successes**.
Under these themes, these were the major topics:

Impact	Challenges	Successes
• Care Coordination • Identification of needs • Parent Engagement & Support • Student Support & Outcomes • School Climate	• Funding for services • Staffing productivity requirements • Staff morale and retention • Stigma • Virtual	• Collaboration • Funding & Resources • Caregiver engagement • Virtual services • School Climate • Stakeholder buy-in

69

Focus Group Feedback

Impact Challenges Successes

Identification Of Needs

Providers talked about how the presence of Apex in schools supports the school community in identifying where mental health needs are for the school as a whole and for individual students.

"The school that I started at this year has experienced one suicide per year over the last three years, and that's a middle school. And just the ability to identify the students that were high risk that I don't think maybe would have been identified".

Student Support And Outcomes

Apex is making a difference in the lives of students. They are more open to receive services, they refer their friends to seek services, and feel more prepared to deal with the challenges they face.

"Their confidence levels have increased to the point they don't view having ADHD, anxiety, or depression as a mental health issue. They are confident in their ability to handle themselves. I've had some of my kids tell me, "Well, you know what, last week, this happened to me, and this is the coping strategy that I used".   Source: Provider Focus Group

Focus Group Feedback

Impact   Challenges   Successes

Collaboration and Buy-In

Apex relies on collaboration and buy-in from school partners for the program to be successful and to provide services to students that impact their wellbeing. This collaboration is necessary from the inception of the program, which supports overall program functionality, such as referrals and delivering services.

"Most of my referrals are through the principal, the counselor who works with them all the time, and also through teachers, and sometimes siblings".

Range Of Services And Supports

Apex funding supports the range of SBMH services available to schools and students. Apex supplements funding in addition to insurance billable services and is invaluable to providing tier 1 and tier 2 supports.

"And for the Apex kid, those are two of the most important services that Apex gives, CSI services and group services."

Source: Provider Focus Group

Focus Group Feedback

Impact > Challenges > Successes

Workforce Challenges

Apex is dependent on the clinicians and mental health staff that execute Apex programming. Demands to caseload, productivity requirements, and documentation and billing requirements, in tandem with salary, contributes to high turnover in Apex staff.

"I keep losing counselors to the school system. I probably lost about three or four different counselors over the past six months that took school counselors job that paid $10,000 to $15,000 a year more."

"The turnover greatly affects our productivity because it takes time to train somebody, get them up to speed, get them a caseload going, and it's really hard sometimes to get them billing like they should be the first couple of months."

Source: Provider Focus Group

72

Focus Group Feedback

Impact > Challenges > **Successes**

Collaboration

The Apex program is built on partnerships and depends on effective collaboration and communication amongst its school partners and community partners. This collaborative framework of the Apex program is an essential component to its sustainability.

"We discovered that none of our school systems were providing summer meals for the community this year... we partnered with the local YMCA... to provide those meals and provide some skill training after the meal."

Caregiver Engagement And Involvement

Apex program success and impact is driven by multiple components. Caregiver engagement and involvement is invaluable to success and impact. Before Apex services can be delivered, caregivers must buy-in to the value of Apex services.

"They come into the assessment and they're of course hesitant about the whole experience, and then by the end of it, they're asking when our walk-in hours are for the clinic".

73

Source: Provider Focus Group

GA05558573

Apex Year 7 Recap

- Apex provided **68,439** services in year 7.

- Majority of Apex students showed **improvement** over treatment.

- Providers reported Apex improving **access to care.**

- **Staffing** is one of the biggest challenges facing Apex.

Considerations for Apex Year 8

- Piloting data collection to measure youth outcomes would be valuable to Apex.
- Reworking the data that is collected on individual therapists and staff to increase staff retention would strengthen Apex.
- Increasing visibility of Apex in the community would help increase support for Apex.
- Collecting data to target specific changes in students' needs will increase the ability to address those needs.

75

Thank you

Contact us:

Center of Excellence for Children's
Behavioral Health

404.413.0075 (phone)
404.413.0316 (fax)

gacoe@gsu.edu
gacoeonline.gsu.edu

CENTER OF EXCELLENCE FOR
CHILDREN'S BEHAVIORAL HEALTH
integrating research, policy, and practice

55 Park Place NE, 8th Floor
Atlanta, GA 30303
gacoeonline.gsu.edu